

ARRA - G(I/M) April 1999	ARIZONA RADIATION REGULATORY AGENCY APPLICATION FOR RADIOACTIVE MATERIALS LICENSE General Form- INDUSTRIAL/MEDICAL	
INSTRUCTIONS: Complete all items in this application for new license or the renewal of an existing license. Use supplemental sheets where necessary. Item 29 must be completed on all applications. Prepare two copies of this application and all supplemental sheets. Mail the original to: Arizona Radiation Regulatory Agency, 4814 South 40th Street, Phoenix, Arizona 85040. Upon approval of this application, the applicant will receive an Arizona Radioactive Materials License.		
1a. NAME AND MAILING ADDRESS OF APPLICANT (Institution, Firm, Individual Owner, etc.) Include zip code	1b. STREET ADDRESS(S) AT WHICH RADIOACTIVE MATERIAL WILL BE USED (If different than 1a.) Include Zip Code	
2. PERSON TO CONTACT REGARDING THIS APPLICATION:		TELEPHONE NO:
3. THIS IS AN APPLICATION FOR: (Check appropriate item) A. ' NEW LICENSE* B. ' AMENDMENT TO LICENSE NO. _____ C. ' RENEWAL OF LICENSE NO. _____ ____		
4a. INDIVIDUAL USERS (Name of individuals who will use or directly supervise use of Radioactive Material)	4b. TRAINING AND EXPERIENCE (Check one or more) ' Training and experience attached for RSO and each User ' Training previously filed under License No. _____ ____	
5a. RADIATION SAFETY OFFICER (RSO) (Name of person designated as Radiation Safety Officer)	5b. DUTIES OF RADIATION SAFETY OFFICER (Check one) ' Duties attached	
6. RADIOACTIVE MATERIAL (Elements and mass number of each) A. _____ - _____ - _____ B. _____ - _____ - _____ C. _____ - _____ - _____	7. CHEMICAL AND/OR PHYSICAL FORM OR SEALED SOURCE MANUFACTURER AND MODEL NUMBER A. _____ - _____ - _____ B. _____ - _____ - _____ C. _____ - _____ - _____	8. MAXIMUM QUANTITY OF EACH CHEMICAL OR ACTIVITY OF EACH SOURCE A. _____ - _____ - _____ B. _____ - _____ - _____ C. _____ - _____ - _____
9. DEVICE AND USE DESCRIPTION (Make lettering correspond to lettering in items 6, 7 and 8 above)		
A.		
B.		

C.			
D.			

*FEE REQUIRED FOR NEW LICENSE ONLY (COMPLETE ITEM NO. 24)

10. **RADIATION DETECTION INSTRUMENTS** (list radiation detection instruments used in your radiation safety program)

DETECTS WINDOW THICKNESS

MANUFACTURER	MODEL NO.	RANGE	(CTS/min or mR/Hr)	(mg/square cm)	TYPE OF USE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

11. **CALIBRATION OF DETECTION INSTRUMENTS**

(Mandatory for all instruments possessed) (check one)

- ' No survey instruments possessed.
- ' Calibration will be done at intervals not to exceed 12 months and after each repair.
- ' Calibration will be done at intervals not to exceed 6 months and after each repair.
- ' Applicant will do instrument calibration service agency
Name: _____
Address: _____

License No: _____

Other instrument calibrations.

- ' Calibration procedures for other than dose rate instruments attached.

12. **PERSONNEL MONITORING** (check as appropriate)

- ' No personnel monitoring necessary, justification attached.

- ' Personnel monitoring required.

Whole body Extremity

' TLD ' TLD

' Film ' Film

(RADIATION DETECTED)

' Beta-Gamma ' Beta-Gamma-Neutron

(FREQUENCY OF EXCHANGE)

' Monthly ' Quarterly

Name: _____

Address: _____

- ' Direct Reading Pocket Dosimeters used
Manufacturer Model No. Range

The following pocket dosimeter requirements will be met:

- ' Checked annually
 - ' Zeroed/charged at beginning of each shift
- (Check one below)
- ' Applicant will do pocket dosimeter checks (attach methods or procedures); or
 - ' Checks will be done by approved service agency

Approved Pocket Dosimeter Service Agency

Name: _____

Address: _____

14. **FACILITIES**

- ' Facilities and storage diagram attached

15. **SURVEY PROGRAM**

- ' Survey criteria and procedures attached

16. **LEAK TEST PROGRAM** (check one)

- ' Applicant will contract with approved outside consultant to do leak test

Name: _____

Address: _____

- ' Applicant will do leak tests using approved leak test kit, mailing kit to manufacturer for counting

Name: _____

Address: _____

Kit No.: _____

- ' Will do own leak test including counting. Detailed procedures attached

17. **RECORDS MANAGEMENT PROGRAM**

- ' Sample of each record form attached

18. **INSTRUCTIONS TO PERSONNEL**

- ' Training program attached; and
- ' Safety rules attached

19. **WASTE DISPOSAL**

- ' Procedures attached

20. **EMERGENCY PROCEDURES**

- ' Procedures attached

21. **ORDERING AND RECEIVING PACKAGES**

- ' Procedures attached

22. **OPENING PACKAGES**

- ' Procedures attached

23. **ANIMAL USE**

- ' Not applicable
- ' Detailed radiation safety procedures attached (including waste disposal)

ARRA - G

25. LETTER TO GOVERNING AUTHORITY

(See AAC R12-1-309.5)

27. TRANSPORTATION

' Not applicable

' Procedures attached

26. ALARA PROGRAM

' ALARA program will be initiated in accordance with
R12-1-407

28. BUSINESS STRUCTURE

Attached form must be filled out.

29-CERTIFICATION

(This item must be completed by applicant official)

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT NAMED IN ITEM 1, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH ARIZONA ADMINISTRATIVE CODE, TITLE 12, CHAPTER 1, AND THAT ALL INFORMATION, INCLUDING ANY SUPPLEMENTS, OR ATTACHMENTS, ARE TRUE AND CORRECT TO THE BEST OF THE APPLICANTS' KNOWLEDGE AND BELIEF.

____ BY: _____

(Type or Print name of Certifying Official)

(Signature)

____ DATE: _____

(Title of Certifying Official)

ARRA.- G

REVISION 3/99

ITEM 28

Legal Structure of the Applicant

8. LEGAL STRUCTURE OF APPLICANT

An Individual ☐ A Partnership ☐ A Limited Liability Corporation ☐ A Corporation ☐
 An Unincorporated Association ☐ City/County/State Government ☐

A Partnership
 Please provide the name and address of each individual or legal entity owning a partnership interest in the applicant.

Please state the percentage ownership of the applicant partnership held by each of the individuals or legal entities listed above.

Memberships		Ownerships			
A Corporation					
STOCK OF APPLICANT CORPORATION					
# AUTHORIZED SHARES	# ISSUED SHARES	# SUBSCRIBED SHARES	TOTAL STOCKHOLDERS	TOTAL	
SUBSCRIBERS					

Is the applicant corporation directly or indirectly controlled by another corporation or other legal entity?
 If "yes" give name and address of other corporation or legal entity and describe how such control exists and the extent of control.

For all entities, please identify the State, District, or Territory under the laws of which the applicant is organized. Include the name and address of any Arizona agent for the applicant.

9. The applicant or any official executing this application on behalf of the applicant certifies that this application has been prepared in accordance with Arizona Administrative Code, Title 12, Chapter 1, and all information contained on this form, including any supplements and attachments, is true and correct to the best of his or her knowledge and belief.

DATE	APPLICANT (ITEM 1)	BY	TITLE
<hr/>	<hr/>	<hr/>	<hr/>